	MU	ULTIPI	LE DEI	ENDE	NT CL.	ATM		SERIAL	NO.			In the	·		
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)									10/551070 27 SEP 2005						
	-	(FOR U	SE WITH	I FORM	PTO-875		A+ 1+	AFFLICA	NT(S)						
	T		AF	TER	AF	TER	CLAII	MS							
	AS FILED			I [#] AMENDMENT		2 MAMENDMENT			AS FILED		AFTER 1 AMENDMENT		AFTER 2 **AMENDMENT		
ļ <u>.</u>	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.		
2		 		 	 	 	+	<u>51</u> 52					21 (12).	DEI.	
4	ļ		Ţ					53		 		 			
5	 			 , 		 	4	54						 	
6			7			L	1	55 56				 -			
8	 		f	-/-			1	57				<u> </u>		 	
9							1	<u>58</u> 59							
10 11							1	60				 		 	
12							1	61							
13 14							1	63			l	 			
15							1	64 65							
16 17							1	66							
18							1	67							
19							İ	68 69							
20 21							}	70							
22							ĺ	71 72							
23 24								73							
25								74 75							
26 27								76							
28								77 78							
29 30								7 8 79							
31								80							
32								81 82							
33 34								83							
35								84 85							
36								86							
38								87 88			$ \downarrow$				
39 40								89						- *	
41								90 91							
42 43								92				 }			
44								93							
45								95							
46 47								96							
48								97 98							
49 50	 -							99							
TOTAL		<u>_</u>	7.	-				100 TOTAL							
IND. TOTAL		*	4	*		▼		IND.		₩ [₩		₩	
DEP.	······································	+	5	-	•	(TOTAL DEP.	•	← 「	,	← 「		4	
TOTAL CLAIMS			//	· ***				TOTAL CLAIMS					i i		
PTO - 1360	(REV. 11/04)								U. Pa	S. DEPARTA	1ENT of CO demark Office	MMERCE			